

IN THE UNITED STATES DISTRICT COURT

MIDDLE DISTRICT OF PENNSYLVANIA

JUDICIAL COPY

Copy  
(65)

TERRANCE MONTAGUE

V. PLAINTIFF

ROBERT W. MEYERS, ET AL.

DEFENDANTS

No. 1: CV-00-0895

(MAGISTRATE Judge Smyser

EXHIBITS IN SUPPORT OF PLAINTIFF

OPPOSITION TO THE DEFENDANTS' MOTION FOR SUMMARY JUDGMENT

FILED  
HARRISBURG, PA

SEP 13 2001

MARY E. D'ANDREA, CLERK  
Per 7/8 Deputy Clerk

DATE: SEPTEMBER 4<sup>TH</sup> 2001

Terrance Montague

TERRANCE MONTAGUE  
S.C.I. ROCKVIEW

BOX A BELLEFONTE, PA 16823

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CERTIFICATE OF SERVICE	

N/D  
Answer  
Set COPY'S  
3

DC-135A

## INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS

## INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MR. ALIAR

2. DATE

3-10-00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

TERRANCE MONTAGUE #132-2761

4. COUNSELOR'S NAME

MR. HAKEEM

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

318

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

MR. ALIAR,

AM WRITTING TO ASK you MAY you please move me to the NON-SMOKERS block  
I HAVE ASTHAMS AND I do have TO USE A INHALER TO help me breath better.  
All you have TO do is Check my MEDICAL RECORDS AND you will see for yoursel

THANK YOU  
VERY MUCH

Someone similar

CC. ATTORNEY WILLIAM T. HANGLEY

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

EXHIBIT A 1

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-804  
PART 1

(1)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598EXHIBIT  
B-1

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. 

TO: GRIEVANCE COORDINATOR <u>MR. Meyers</u>	INSTITUTION <u>SCI-Rockview</u>	DATE <u>12-31-99</u>
FROM: (Commitment Name & Number) <u>Jenane Montague #BZ-2761</u>	INMATE'S SIGNATURE <u>Jenane Montague</u>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <u>A-217</u>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

MR. MEYERS, I HAVE A VERY VERY SERIOUS PROBLEM THAT REQUIRES TO BE ADDRESSED AND ACTED UPON WITH THE UTMOST OF URGENCY. THEY PUT ME IN CELL WITH A PERSON WHO SMOKE. AND I DON'T SMOKE BECAUSE I HAVE ASTHMA AND I ALREADY HAVE PROBLEMS BREATHING AND I HAVE A INHALER IN MY CELL WITH ME NOW THAT I HAVE TO USE TO HELP ME BREATHE BETTER. AND IT'S IN MY MEDICAL RECORDS ABOUT ME HAVING A RESPIRATORY DISEASES. BY HAVING THIS INMATE WHO SMOKE IS PUTTING MY LIFE IN DANGER. THIS IS CRUEL AND UNUSUAL PUNISHMENT WHICH IS A VIOLATION OF MY EIGHTH AMENDMENT RIGHTS. AND WHEN TELLING MY UNIT MANAGER MR. DUCK ABOUT THIS PROBLEM HE SAID NOW I KNOW YOU DIDN'T STEAL THEM INHALER'S YOU HAVE IN YOUR CELL TO HIM ALL THIS IS A JOKE. I AM CURRENTLY HOUSED IN A-BLOCK CELL 217. THIS IS ALSO BEING DELIBERATELY INDIFFERENT TO MY GENERAL WELL-BEING. MY FAMILY HAS BEEN NOTIFIED AND SO WILL HIGHER AUTHORITIES.

## B. Actions taken and staff you have contacted before submitting this grievance:

MAY TOR YANCY LARRY LIDGE  
UNIT MANAGER MR. DUCK MR. KUSHWA  
LT. SOLETO

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598EXHIBIT  
B-1

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.  

TO: GRIEVANCE COORDINATOR <u>MR. Meyers</u>	INSTITUTION <u>SCI-Rockview</u>	DATE <u>12-31-99</u>
FROM: (Commitment Name & Number) <u>Jensane Montague # BZ-2761</u>	INMATE'S SIGNATURE <u>Jensane Montague</u>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <u>A-217</u>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

MR. MEYERS, I HAVE A VERY VERY SERIOUS PROBLEM THAT REQUIRES TO BE ADDRESSED AND ACTED UPON WITH ME AT MOST OF URGENCY. THEY PUT ME IN A CELL WITH A PERSON WHO SMOKE AND I DON'T SMOKE BECAUSE I HAVE ASTHMAS AND I ALREADY HAVE PROBLEMS BREATHING AND I HAVE A INHALER IN MY CELL WITH ME NOW THAT I HAVE TO USE TO HELP ME BREATHE BETTER AND IT'S IN MY MEDICAL RECORDS ABOUT ME HAVING A RESPIRATORY DISEASES. BY HAVING THIS INMATE WHO SMOKE IS PUTTING MY LIFE IN DANGER THIS IS CRUEL AND UNUSUAL PUNISHMENT WHICH IS A VIOLATION OF MY EIGHTH AMENDMENT RIGHTS. AND WHEN TELLING MY UNIT MANAGER MR. DUCK ABOUT THIS PROBLEM HE SAID HOW I KNOW YOU DIDN'T STEAL THEM INHALER'S YOU HAVE IN YOUR CELL TO HIM ALL THIS IS A JOKE. I AM CURRENTLY HOUSED IN A-BLOCK CELL 217 THIS IS ALSO BEING DELIBERATELY INDIFFERENT TO MY GENERAL WELL-BEING MY FAMILY HAS BEEN NOTIFIED AND SO WILL HIGHER AUTHORITIES.

THANK YOU  
Jensane Montague

## B. Actions taken and staff you have contacted before submitting this grievance:

May TOR Yancey      Larry Lidge H  
UNIT MANAGER MR. DUCK      MR. KUSHAKA  
LT. Soleto

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804  
PART 1EXHIBIT  
B-1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.  

TO: GRIEVANCE COORDINATOR <b>MR. Meyers</b>	INSTITUTION <b>SCI-Rockview</b>	DATE <b>12-31-99</b>
FROM: (Commitment Name & Number) <b>Jeanne Montague #BZ-2761</b>	INMATE'S SIGNATURE <b>Jeanne Montague</b>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <b>A-217</b>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

MR. Meyers, I HAVE A VERY VERY SERIOUS PROBLEM THAT REQUIRES TO BE ADDRESSED AND ACTED UPON WITH THE ULTIMOST OF URGENCY. THEY PUT ME IN A CELL WITH A PERSON WHO SMOKE AND I DON'T SMOKE BECAUSE I HAVE ASTHMA AND I ALREADY HAVE PROBLEMS BREATHING AND I HAVE A INHALER IN MY CELL WITH ME NOW THAT I HAVE TO USE TO HELP ME BREATHE BETTER AND IT'S IN MY MEDICAL RECORDS ABOUT ME HAVING A RESPIRATORY DISEASES. BY HAVING THIS INMATE WHO SMOKE IS PUTTING MY LIFE IN DANGER THIS IS CRUEL AND UNUSUAL PUNISHMENT WHICH IS A VIOLATION OF MY EIGHTH AMENDMENT RIGHTS. AND WHEN I TALKED MY UNIT MANAGER MR. DUCK ABOUT THIS PROBLEM HE SAID NOW I KNOW YOU DIDN'T STEAL THOSE INHALERS YOU HAVE IN YOUR CELL TO HIM ALL THIS IS A JOKE I AM CURRENTLY HOUSED IN A-BLOCK CELL 217 THIS IS ALSO BEING DELIBERATELY INCONSIDERATE TO MY GENERAL WELL-BEING MY FAMILY HAS BEEN NOTIFIED AND SO WILL HIGHER AUTHORITIES.

## B. Actions taken and staff you have contacted before submitting this grievance:

MAYOR YANCEY      LARRY LIDGEH  
UNIT MANAGER MR. DUCK      MR. KUSHWARA  
LT. SOLETO

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804  
PART 1

(2)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598EXHIBIT  
B-2

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. 

TO: GRIEVANCE COORDINATOR <i>MR. Meyers</i>	INSTITUTION <i>SCI - Rockview</i>	DATE <i>12-31-99</i>
FROM: (Commitment Name & Number) <i>Jerome Montague</i>	INMATE'S SIGNATURE <i>Jerome Montague</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <i>A-217</i>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

*NOT ONLY THAT EVERYTIME I SUBMIT A GRIEVANCE TO MR. KUSHWAHA HE SEND MOST OF THEM BACK OR DON'T ANSWER THEM JUST LIKE THE ONE I SEND HIM ABOUT THIS MATTER, WHY HAVE A GRIEVANCE COORDINATOR IF HE'S NOT GOING TO ANSWER AND FILE INMATES GRIEVANCE. MR. MEYERS I AM SUBMITTING THIS TO YOU IN GOOD FAITH AND WITH GREAT RESPECT. THIS IS A VERY SERIOUS MEDICAL PROBLEM THAT NEEDS TO BE HANDLE.*

*THANK YOU  
VERY MUCH  
Jerome Montague*

## B. Actions taken and staff you have contacted before submitting this grievance:

Your grievance has been received and will be processed in accordance with DC-ADM 804.

\_\_\_\_\_  
Signature of Grievance Coordinator\_\_\_\_\_  
Date

DC-804

PART II.

get copy's

3

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001

EXHIBIT

B-3

OFFICIAL INMATE GRIEVANCE  
INITIAL REVIEW RESPONSE

GRIEVANCE NO.

#ROC0768-99

TO: (Name & DC NO.)	INSTITUTION	QUARTERS	GRIEVANCE DATE
Terrance Montague, BZ-2761	SCIR	Bldg A	Received 12/28/99

The following is a summary of my findings regarding your grievance:

This matter was reviewed with Mr. Duck, Unit Manger. The smoking preference of an inmate, along with any medical condition adversely affected by cigarette smoke, are but two of the many factors considered by Unit Staff when celling inmates together. On a unit with some 440 inmates, moves will be difficult to always satisfy both cellmates. Provisions are in place to allow non-smokers to cell with non-smokers, but the time frames for such moves are not immediate.

Mr. Duck informs me you are no longer housed in A-Unit, which would make this grievance a moot issue.

JAR:hae

CC: Deputy Wakefield  
Deputy Whitman  
Major Yancey  
Mr. Duck  
Case Record  
Mr. Rackovan

Refer to DC-ADM 804, Section VIII,  
for instructions on grievance  
system appeal procedures.

SIGNATURE OF GRIEVANCE COORDINATOR

Jeffrey Rackovan

DATE

1/11/2000

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598EXHIBIT  
B-4

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

ROC-0073-0

TO: GRIEVANCE COORDINATOR <u>MR. KUSHWARA</u>	INSTITUTION <u>SCT-ROCKVIEW</u>	DATE <u>2-7-2000</u>
FROM: (Commitment Name & Number) <u>Jerome Montague BZ 2761</u>	INMATE'S SIGNATURE <u>Jerome Montague</u>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <u>A-518</u>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

MR. KUSHWARA, I HAVE A VERY SERIOUS PROBLEM THAT REQUIRES TO BE ADDRESS. AND ACTED UPON. THEY PUT A INMATE IN MY CELL THAT SMOKE AND I DON'T SMOKE BECAUSE I HAVE ASTHMA AND I ALREADY HAVE PROBLEMS BREATHING AND I HAVE TWO INHAIRERS IN MY CELL WITH ME NOW THAT I HAVE TO USE TO HELP ME BREATHE BETTER AND BY HAVING THIS INMATE WHO SMOKE IN THE CELL WITH ME IS PUTTING MY HEALTH IN DANGER. IT'S IN MY MEDICAL RECORDS ABOUT ME HAVING A RESPIRATORY DISEASES, ALSO I HAVE A BOTTOM BUNK STUTES BECAUSE OF ME HAVING SEIZURE, AND I HAVE MEDS IN MY CELL THAT I HAVE TO TAKE TO STOP ME FROM HAVING SEIZURE, IT IS ALSO IN MY MEDICAL RECORD THAT I HAVE A BOTTOM BUNK AND I TOLD MY UNIT MANGER AND HE STILL HAVEN'T DONE ANYTHING ABOUT NEITHER ONE OF THESE MATTERS MY LIFE IS

## B. Actions taken and staff you have contacted before submitting this grievance:

LARRY LIDGETT LT. DECKER  
MAY JOE YANCY UNIT MANGER MR. ALLAR

Your grievance has been received and will be processed in accordance with DC-ADM 804.

MR. ALLAR - Due 2/24

Jeffrey Rockman  
Signature of Grievance Coordinator

Conditions

2/16/00  
Date  
RUC: 3/2

DC-804  
PART 1

(2)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598EXHIBIT  
B-5

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

RUC-0073-00

TO: GRIEVANCE COORDINATOR <u>Mr. KUSHWAHA</u>	INSTITUTION <u>SCT ROCKVIEW</u>	DATE <u>2-7-2002</u>
FROM: (Commitment Name & Number) <u>Terence Montague #B2-2701</u>	INMATE'S SIGNATURE <u>Terence Montague</u>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <u>A-518</u>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

BEING PUT IN DANGER EVERYDAY AM IN THE CELL WITH THIS INMATE, NOT ONLY THAT WHAT HAPPEN IF I HAVE A SEIZURE, AND FALL OUT OF MY BED BECAUSE OF ME HAVING A SEIZURE. I AM CURRENTLY HOUSED IN A BLOCK CELL 518 AND IN TRUTH THIS JAIL KNOW ABOUT MY MEDICAL ABOUT MY MEDICAL STATES AND STILL DON'T DO ANYTHING ABOUT IT IS AN OUT RIGHT BLATANT VIOLATION OF MY EIGHT AND FOURTEENTH AMENDMENTS, ALSO THIS IS BEING DELIBERATE INDIFFERENT TO MY GENERAL WELL BEING. MY FAMILY HAS BEEN NOTIFIED AND SO WILL HIGHER AUTHORITIES, MR. KUSHWAHA, AM NOT TRYING TO CAUSE ANY PROBLEMS BUT THIS IS MY HEALTH. WHERE TALKING ABOUT

THANK YOU VERY  
MUCH

#B2-27

Terence Montague

## B. Actions taken and staff you have contacted before submitting this grievance:

LARRY LIDGETT LT Decker  
MAYOR YANCEY UNIT MANGER MR. ALLAR

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

Jeffrey Rackman

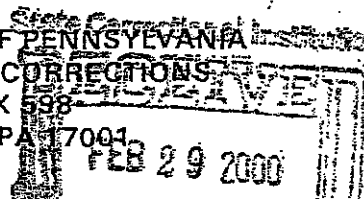
2/10/02

3-3 6 2-16

DC-804

PART II

COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF CORRECTIONS  
 P.O. BOX 598  
 CAMP HILL, PA 17001

EXHIBIT  
A-6

#ROC0073-00

OFFICIAL INMATE GRIEVANCE  
 INITIAL REVIEW RESPONSE

GRIEVANCE NO.

at Rockview  
 Superintendent's Office

02/07/00

Received 02/16/00

TO: (Name & DC NO.) Terrance Montague, BZ-2761	INSTITUTION SCIR	QUARTERS Bldg A	GRIEVANCE DATE Received 02/16/00
---	---------------------	--------------------	-------------------------------------

The following is a summary of my findings regarding your grievance:

This grievance was reviewed with Mr. Allar, Unit Manager, who contacted the Employment Office and again verified that you are on bottom bunk status. Currently you are housed in cell 518, bed 1, which is, in fact, bottom bunk status. According to the Employment Office you have no medical restrictions that prevent you from having a cell mate who smokes.

No further action is necessary regarding this grievance.

JAR:hae

c: Deputy Wakefield  
 Deputy Whitman  
 Mr. Allar  
 Mr. Zurybida  
 Case Record  
 Mr. Rackovan

Refer to DC-ADM 804, Section VIII,  
 for instructions on grievance  
 system appeal procedures.

SIGNATURE OF GRIEVANCE COORDINATOR

DATE

*Jeffrey Rackovan*

2/29/00

DC-804  
PART 1EXHIBIT  
B-7  
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598Appeal #  
0073-00

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. ~~100-007-00~~

TO: GRIEVANCE COORDINATOR <u>MR. ROBERT W. MEYERS</u>	INSTITUTION <u>SCI - ROCKEFELLER</u>	DATE <u>2-26-2000</u>
FROM: (Commitment Name & Number) <u>TERENCE MONTAGUE # BZ-2761</u>	INMATE'S SIGNATURE <u>Terence Montague</u>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <u>A-518</u>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

MR. MEYERS, I HAVE A VERY SERIOUS PROBLEM THAT REQUIRES TO BE ADDRESSED AND ACTED UPON. ON 2-8-2000 THEY PUT A INMATE IN MY CELL WITH ME THAT SMOKES AND I DON'T SMOKE BECAUSE I HAVE ASTHMA AND I ALREADY HAVE PROBLEMS BREATHING AND I HAVE TWO INHALERS IN MY CELL WITH ME NOW THAT I HAVE TO USE TO HELP ME BREATHE BETTER AND BY HAVING THIS INMATE WHO SMOKES IN MY CELL WITH ME IS PUTTING MY HEALTH IN DANGER, IT'S IN MY MEDICAL RECORDS ABOUT ME HAVING A RESPIRATORY DISEASES AND I HAVE BOTTOM BUNK STAPLES BECAUSE OF ME HAVING SEIZURE AND I HAVE MEDS IN MY CELL THAT I HAVE TO TAKE TO HELP STOP ME FROM HAVING SEIZURE. I TOLD MY UNIT MANAGER ABOUT BOTH MATTERS AND HE STILL HAVEN'T DONE ANYTHING ABOUT THESE MATTERS, MY LIFE IS BEING PUT IN DANGER EVERYDAY AND IN THE

## B. Actions taken and staff you have contacted before submitting this grievance:

LENN LIDGETT UNIT MANAGER MR. RIVER  
JEFFREY RACKOWAN LT. WARDEN  
MAJOR JANDY

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598EXHIBIT  
B-8

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO. 25-007-00

TO: GRIEVANCE COORDINATOR <u>MR. ROBERT W. MEYERS</u>	INSTITUTION <u>SCI - ROCKVIEW</u>	DATE <u>7-26-2000</u>
FROM: (Commitment Name & Number) <u>TERRANCE MONTAGUE B2-2761</u>	INMATE'S SIGNATURE <u>Terrance Montague</u>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <u>A-518</u>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

CELL WITH THIS INMATE, NOT ONLY THAT WHAT HAPPEN IF I HAVE  
A ASTHMA ATTACK BECAUSE OF THIS INMATE, I AM CURRENTLY HOUSED  
IN A BLOCK CELL 518 AND BY THIS JAIL KNOWING THIS, THIS IS AN OUT  
RIGHT BLATANT VIOLATION OF MY EIGHT AND FOURTEENTH AMENDMENTS  
I'M NOT TRYING TO CAUSE ANY PROBLEMS, THIS IS ALSO BEING  
DELIBERATELY INDIFFERENT TO MY GENERAL WELL BEING MY FAMILY  
HAS BEEN NOTIFIED AND SO WILL HIGHER AUTHORITIES. MR. MEYERS

THANK YOU

VERY MUCH  
TERRANCE MONTAGUE

## B. Actions taken and staff you have contacted before submitting this grievance:

JEFFREY LACKOVAN UNIT MANAGER MR. ALINE  
LARRY LIDGETT LT. DRICKER  
MAJOR YANCEY

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date


EXHIBIT

B-9

COMMONWEALTH OF PENNSYLVANIA  
Department of Corrections  
SCI-Rockview  
(814) 355-4874  
March 1, 2000

SUBJECT: Appeal in Grievance #ROC0073-00

TO: Terrance Montague, #BZ-2761  
Building A

FROM:   
R. W. Meyers  
Superintendent

Your appeal is practically a word-for-word restatement of the original grievance.

Mr. Allar indicates he investigated your claims of requiring a bottom bunk and a non-smoking cellmate. The need for bottom bunk status was verified and you are in the bottom bunk of your cell. Although there is an indication of asthma history in your medical records, you are not currently on any type of medication, including inhalers, for any respiratory problems. Therefore, there is no medical need for you to be celled with a non-smoker.

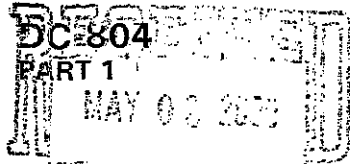
If you wish to pursue this matter, you must follow the established A Building procedures for requesting to cell with a non-smoker through your unit manager.

The initial review response is sustained in full.

RWM/JAR:tlk

c: Deputy Wakefield  
Deputy Whitman  
Mr. Allar  
Mr. Zurybida  
Case Record  
Mr. Rackovan

State Correctional Institution

EXHIBIT  
B-10COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598OFFICIAL INMATE GRIEVANCE  
Supt.'s Assistant's Office

GRIEVANCE NO.

ROC-0198-00

TO: GRIEVANCE COORDINATOR <b>MR. RACKOVAN</b>	INSTITUTION <b>SCI-ROCKVIEW</b>	DATE <b>4-28-00</b>
FROM: (Commitment Name & Number) <b>TERRANCE MONTAGUE #BZ-2761</b>	INMATE'S SIGNATURE <i>Terrance Montague</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <b>A-332</b>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

MR. RACKOVAN ON 4-27-2000 THEY PUT ME IN WITH A SMOKER AND I DON'T SMOKE BECAUSE OF ME HAVING ASTHMA AND I ALREADY HAVE PROBLEMS BREATHING AND I HAVE TWO INHALERS IN MY CELL WITH ME NOW THAT I HAVE TO USE TO HELP ME BREATHE BETTER AND BY HAVING ME IN THE CELL WITH A INMATE WHO SMOKE IS PUTTING MY HEALTH IN DANGER. IF YOU WAS TO LOOK IN MY MEDICAL RECORDS IT WILL SHOW YOU THAT I HAVE A RESPIRATORY DISEASES THIS IS SOMETHING THIS JAIL KNOW ABOUT BUT KEEP PUTTING ME IN WITH SMOKERS ANYWAY, NOT ONLY THAT I HAVE BOTTOM BUNK STALLS BECAUSE OF ME HAVING SEIZURES AND THEY KEEP PUTTING ME IN CELLS ON THE TOP BUNK THIS IS ALSO IN MY MEDICAL RECORDS, WHY IS THEY KEEP PUTTING ME THE CELL WITH PEOPLE WHO SMOKE. THIS SHOW THIS JAIL DON'T CARE ABOUT ABOUT MY WELL-BEING. MY FAMILY HAS BEEN NOTIFIED AND SO WILL HIGH AUTHORITY.

THANK YOU  
TERRANCE MONTAGUE

## B. Actions taken and staff you have contacted before submitting this grievance:

S. G. T. DALE - BLOCK S.G.T

MRS. MARGE MILLER - HEAD NURSE

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Mr. Ailar - Due 5/10

*Jerry Rackovan* Conditions  
Signature of Grievance Coordinator

5/3/00

Date

Dw: 5/17

DC-804

PART II.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001

OFFICIAL INMATE GRIEVANCE  
INITIAL REVIEW RESPONSE

GRIEVANCE NO.

#ROC0198-00

EXHIBIT  
B-11

TO: (Name & DC NO.)	INSTITUTION	QUARTERS	GRIEVANCE DATE
Terrance Montague, BZ-2761	SCIR	Bldg A	04/28/00 Received 05/03/00

The following is a summary of my findings regarding your grievance:

This grievance was reviewed with Mr. Allar, Unit Manager. You have recently received a medical restriction of ground floor and bottom bunk. Mr. Allar was never informed of a medical restriction that mandated you to have a non-smoking cellmate. Mr. Allar last week changed your cellie at your request and you are now celled with someone of your own choosing. Consequently, this grievance requires no further action.

JAR:hae

c: Deputy Wakefield  
Deputy Whitman  
Mr. Allar  
Case Record  
Mr. Rackovan

I WAS IN CELL 332 FROM 4-27-00 UNTIL 5-2-00  
WHICH BOTH INMATES WAS HEAVY SMOKERS.

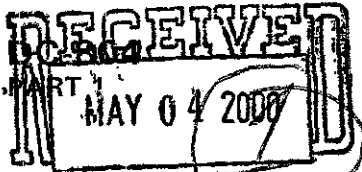
Refer to DC-ADM 804, Section VIII,  
for instructions on grievance  
system appeal procedures.

SIGNATURE OF GRIEVANCE COORDINATOR

DATE

Jeffrey Rackovan

5/15/00



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

at Rockview  
SECURITY ASSISTANT'S OFFICE

EXHIBIT  
B-12

GRIEVANCE NO. Y

TO: GRIEVANCE COORDINATOR <b>MR. RACKOVAN</b>	INSTITUTION <b>SCI-Rockview</b>	DATE <b>5-2-00</b>
FROM: (Commitment Name & Number) <b>TERRANCE MONTAGUE #BZ-2761</b>	INMATE'S SIGNATURE <i>Terrence Montague</i>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <b>A-138</b>	

**INSTRUCTIONS:**

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

**A. Brief, clear statement of grievance:**

MR. RACKOVAN, ON 5-2-00 S. G. T. CRUITS CALLED ME TO THE DESK AND TOLD ME THAT I HAVE TO MOVE INTO CELL 138 WITH ANOTHER HEAVY SMOKER, AND I ASKED S. G. T. CRUITS WHO WAS IN CHARGE OF THIS MOVE AND HE TOLD ME MR. ZURYBIDA NOW WHY IS THEY KEEP PUTTING ME IN CELLS WITH HEAVY SMOKERS KNOWING THAT I HAVE ASTHMAS AND ALREADY HAVE PROBLEMS BREATHING I HAVE TWO INHALERS I HAVE TO USE TO HELP ME BREATHE BETTER, SO WHY WOULD MR. ZURYBIDA MOVE ME FROM ONE CELL WITH A SMOKER TO ANOTHER CELL WITH A SMOKER, BY MR. ZURYBIDA AND EVERYONE WHO KEEP PUTTING ME IN THESE CELLS WITH INMATES WHO SMOKE IS PUTTING MY LIFE IN DANGER THIS IS A VIOLATION OF MY EIGHTH AMENDMENT RIGHTS, THIS IS ALSO CRUEL AND UNUSUAL PUNISHMENT. MR. RACKOVAN, MAY YOU PLEASE DO SOMETHING ABOUT THIS MATTER. HOW WOULD YOU FEEL IF YOU HAD ASTHMAS AND HAD

**B. Actions taken and staff you have contacted before submitting this grievance:**

MRS. MARGE MILLER - HEAD NURSE

LT. FACER

CAPT HAMAND

Your grievance has been received and will be processed in accordance with DC-ADM 804.

\_\_\_\_\_  
Signature of Grievance Coordinator

\_\_\_\_\_  
Date

DC-804  
PART 1

②

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

EXHIBIT  
B-13GRIEVANCE NO. 1

TO: GRIEVANCE COORDINATOR <b>MR. RACKOVAN</b>	INSTITUTION <b>SCI. ROCKVIEW</b>	DATE <b>5-2-00</b>
FROM: (Commitment Name & Number) <b>TERRANCE MONTAGUE #BZ-2761</b>	INMATE'S SIGNATURE <b>Terrance Montague</b>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <b>A-138</b>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

USE TWO INHALERS TO HELP YOU BREATHE, AND THEY KEEP PUTTING YOU IN THE CELL WITH HEAVY SMOKERS, AM WRITTING THIS GRIEVANCE TO YOU IN GOOD FAITH, AM NOT TRYING TO CAUSE ANY PROBLEMS I JUST NOT TRYING TO BE IN A CELL WITH A SMOKER BECAUSE I ALREADY HAVE PROBLEMS BREATHING PLUS I HAVE TO USE TWO INHALERS.

THANK YOU VERY MUCH  
**Terrance Montague**

## B. Actions taken and staff you have contacted before submitting this grievance:

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804  
PART 1

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

②

OFFICIAL INMATE GRIEVANCE

EXHIBIT  
# 13GRIEVANCE NO.  

TO: GRIEVANCE COORDINATOR <b>MR. RACKOVAN</b>	INSTITUTION <b>SCI-ROCKVIEW</b>	DATE <b>5-2-00</b>
FROM: (Commitment Name & Number) <b>TERRANCE MONTAGUE # BZ-2761</b>	INMATE'S SIGNATURE <b>Terrance Montague</b>	
WORK ASSIGNMENT <b>A-138</b>	QUARTERS ASSIGNMENT <b>A-138</b>	

**INSTRUCTIONS:**

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

USE TWO INHALERS TO HELP YOU BREATHE, AND THEY KEEP PUTTING YOU IN THE CELL WITH HEAVY SMOKERS, AM WRITING THIS GRIEVANCE TO YOU IN GOOD FAITH, AM NOT TRYING TO CAUSE ANY PROBLEMS I JUST NOT TRYING TO BE IN A CELL WITH A SMOKER BECAUSE I ALREADY HAVE PROBLEMS BREATHING PLUS I HAVE TO USE TWO INHALERS

~~WADOJA~~ ~~AA~~

THANK YOU VERY  
MUCH

Terrance Montague

## B. Actions taken and staff you have contacted before submitting this grievance:

BZ-95101

10220000 A. W. J. J. J.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

~~WADOJA~~ ~~AA~~

Signature of Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA  
Department of Corrections  
SCI-Rockview

5/4/00

SUBJECT: Consolidated Inmate Grievance  
Review SystemEXHIBIT  
B-14

TO:

Montague, b22761  
A Bldg.

FROM:

Jeffrey Rackovan  
Jeffrey A. Rackovan  
Corrections Superintendent Assistant

I am returning your grievance because you have not complied with the following provision(s) of DC-ADM 804, dated October 20, 1994, Consolidated Inmate Grievance Review System.

\_\_\_\_\_ As per Section V. Form-Grievances and Appeals A. All grievances shall be in writing and in the format provided by the forms supplied at the institution. Forms are available in the Block Office.

\_\_\_\_\_ All grievances shall be presented individually. Group grievances are prohibited (Section V.B.).

\_\_\_\_\_ Only an inmate who has been personally affected by a Department or institution action or policy shall be permitted to seek review of a grievance (Section V.C.).

\_\_\_\_\_ Grievances must be signed (Section V.C.).

\_\_\_\_\_ All grievances must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner.

\_\_\_\_\_ Grievances based upon different events should be presented separately, unless necessary to combine to support the claim.

\_\_\_\_\_ Section VII Initial Review, B. states that any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following:

1. Incoming Publications, DC-ADM 814.
2. Institution Disciplinary and Restricted Housing Procedure, DC-ADM 801. Initial Review Decision includes the decision of the Hearing Committee and the PRC.
3. Hearing Committee Procedures, Community Services, DC-ADM 301. Initial Review Decision includes the decisions of the Hearing Committee, PRC, Regional Director and Director of Community Services Division.
4. Policy and Procedures for Obtaining Pre-Release Transfer, DC-ADM 805.
5. Other kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

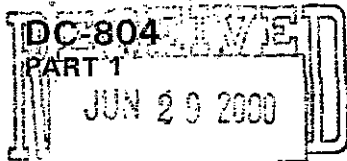
\_\_\_\_\_ Initial Reviews must be submitted within 15 calendar days after the events upon which claims are based (Section VI.B.2).

✓ Block B. must be completed, as per the Instructions (#3) of the Official Inmate Grievance Form (DC-ADM 804, Part I).

JAR:tlk

Mr. Zurybida does not keep track of which inmates are or are not smokers. You need to refer this matter to Mr. Aller. He has the authority to assist you. You will have to find a non-smoking cell partner but Mr. Aller can O.K. the move.

State Correctional Institution



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE  
Supt's Assistant's OfficeEXHIBIT  
B-15

GRIEVANCE NO.

ROC-0292-00

TO: GRIEVANCE COORDINATOR

MR. RACKOVAN

INSTITUTION

S.C.I - Rockview

DATE

6-28-00

FROM: (Commitment Name &amp; Number)

TERRANCE MONTAGUE #BZ-2761

INMATE'S SIGNATURE

Terrance Montague

WORK ASSIGNMENT

QUARTERS ASSIGNMENT

137-A BLOCK

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

MR. RACKOVAN ON 6-28-00 I GOT OUT THE HOLE AND THEY PUT ME IN WITH A <sup>HEAVY</sup> ~~SMOKE~~ ~~SMOKE~~ KNOWING I DON'T SMOKE BECAUSE OF ME HAVING ASTHMA AND I ALREADY HAVE PROBLEMS BREATHING I HAVE TO USE TWO INHALERS IN MY CELL WITH ME NOW THAT I HAVE TO USE TO HELP ME BREATHE BETTER, AND THIS TIME I KNOW I HAVE ASTHMA IT'S IN MY MEDICAL RECORDS, BY THEM HAVING ME IN THE CELL WITH A INMATE WHO SMOKE IS PUTTING MY HEALTH IN DANGER, I DON'T UNDERSTAND WHY THEY KEEP PUTTING ME IN THE CELL WITH SOMEONE WHO SMOKE, I NEVER REQUEST TO BE MOVED IN WITH NONE OF THESE INMATES, I TOLD THE BLOCK S.G.T DALE ABOUT THIS AND HE TOLD ME TO GO TO MY CELL BEFORE I BE GOING BACK TO THE HOLE. I ASKED THE BLOCK LT. DECKER HE SAID HE WAS GOING TO SEE WHAT HE CAN DO, HE DIDN'T DO ANYTHING EITHER, THIS GOES TO SHOW YOU THAT THEY DON'T CARE ABOUT MY HEALTH MAY YOU PLEASE DO SOMETHING ABOUT THIS MATTER.

THANK YOU  
TERRANCE MONTAGUE

## B. Actions taken and staff you have contacted before submitting this grievance:

S.G.T DALE - Block S.G.T

LT. DECKER - Block Lieutenant

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Mr. Aiker - Due 7/10

Jeffrey Rackovan  
Signature of Grievance Coordinator

Conditions

6/30/00

Date

EXHIBIT B-15

Due 7/17

DC-804

PART II

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001

OFFICIAL INMATE GRIEVANCE  
INITIAL REVIEW RESPONSE

EXHIBIT  
B-14

GRIEVANCE NO.

#ROC0292-00

TO: (Name & DC NO.) Terrance Montague, BZ-2761	INSTITUTION SCIR	QUARTERS Bldg A	GRIEVANCE DATE 06/28/00 Received 06/30/00
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The following is a summary of my findings regarding your grievance:

This grievance has been reviewed with Mr. Allar, Unit Manager. You were scheduled to see Mr. Allar in the afternoon on June 29, 2000. You failed to show up, apparently going to the yard was more important to you than your celling situation. As of 1130 hours on July 5, 2000, Mr. Allar does not have any Voluntary Request to Change Cell Partners Form from you so it is clear that you have made no effort to resolve this situation by finding a compatible cellmate. Lastly, a check with the Inmate Employment Office verified that you do not have a medical restriction that requires you to be with a non-smoking cellmate. When you follow procedure and request a cellmate with whom you are compatible, Mr. Allar will make the change.

JAR:hae

c: Deputy Wakefield  
Deputy Whitman  
Major Yancey  
Mr. Allar  
Case Record  
Mr. Rackovan

Refer to DC-ADM 804, Section VIII,  
for instructions on grievance  
system appeal procedures.

SIGNATURE OF GRIEVANCE COORDINATOR

DATE

Jeffrey Rackovan

7/17/00

EXHIBIT B2

get copy's

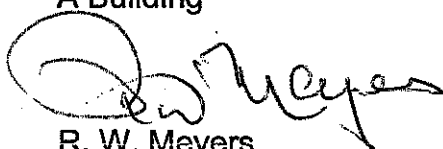
3

COMMONWEALTH OF PENNSYLVANIA  
Department of Corrections  
SCI-Rockview  
August 2, 2000

EXHIBIT  
B-17

SUBJECT: Appeal to Grievance #ROC0292-00

TO: Terrance Montague, BZ-2761  
A Building

FROM:   
R. W. Meyers  
Superintendent

This issue has been an ongoing one which has been addressed consistently by staff advising you there was no medical necessity for you to be in smoke-free environment. You had also been advised on many occasions that you needed to identify a non-smoking cell partner for unit staff to consider. Had you done so, and the cell partner was approved, you could have avoided having various inmates celled with you, including some that might smoke, for short periods of time. Mr. Allar reports you never provided him with any names to consider.

In the past week a physician's assistant for the medical contractor has recommended you be either moved to a non-smoking housing unit or placed in a single cell on A Building. The need for such a move is being reviewed by SCI-Rockview medical staff. If it is determined this move is medically necessary, you will be moved to a single cell until such time as you earn the appropriate custody level to be considered for a move to a non-smoking housing unit. If your condition has not changed and there is no medical necessity to provide you a single cell, you will again be responsible to find a compatible and appropriate cell partner. You should maintain contact with Mr. Allar regarding medical's decision and any pending move.

The initial review is modified to include the review of the physician's assistant recommendation.

RWM:tlk

c: Deputy Wakefield  
Deputy Whitman  
Major Yancey  
Mr. Allar  
Mr. Lidgett  
Case Record  
Mr. Rackovan

DC-804  
PART 1

#1

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONSP.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

EXHIBIT  
B-18

GRIEVANCE NO.

ROC-0545-00

TO: GRIEVANCE COORDINATOR MR. RACKOWAN	INSTITUTION SCI-Rockview	DATE 12-3-00
FROM: (Commitment Name & Number) TERRANCE MONTAGUE BZ 374	INMATE'S SIGNATURE TERRANCE MONTAGUE	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT A-142	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

ON 12-3-00 WHILE WE WAS LOCKED IN FOR NOON COUNT S.G.T. CURTIS AND OFFICER WENTZ WAS SMOKING CIGARETTES WHILE S.H. WATCHING THE PITTSBURGH P. THE RADERS GAME ON T.V. PLUS THERE NO SMOKING SIGNS ON THE WALL RIGHT WHERE S.G.T. CURTIS AND OFFICER WENTZ WAS SMOKING AT. OFFICER WENTZ WAS SITTING RIGHT BEHIND S.G.T. CURTIS SMOKING. THESE OFFICERS KNOW THEY AIN'T SUPPOSE TO BE SMOKING. SO WHEN I SAID SOMETHING TO S.G.T. CURTIS ABOUT HIM AND OFFICER WENTZ SMOKING S.G.T. CURTIS THEN SAID TO ME IF YOU PUT A GRIEVANCE IN ON ME I'LL MAKE SURE YOU STAY LOCKED UP. SO NOW HE THREATENING ME BECAUSE HE KNOW HE AIN'T SUPPOSE TO BE SMOKING OUT ON THE BLOCK. NEXT PAGE →

## B. Actions taken and staff you have contacted before submitting this grievance:

UNIT MANAGER - MR. ALLAN

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

EXHIBIT B5

Date

DC-804  
PART 1

#2

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

EXHIBIT  
B-79GRIEVANCE NO. 

TO: GRIEVANCE COORDINATOR <u>MR. RACKOVAN</u>	INSTITUTION <u>SCI - Rockview</u>	DATE <u>12-3-00</u>
FROM: (Commitment Name & Number) <u>TERENCE MONTAGUE BZ 2761</u>	INMATE'S SIGNATURE <u>Terence Montague</u>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <u>A-142</u>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

WHAT MAKE THESE OFFICER'S HAVE THE RIGHT TO SMOKE ON  
block out AND THE INMATES CAN'T SO THESE OFFICER'S IS  
JUST SAYING THE HELL WITH THE NO SMOKING SIGN THAT  
ON THE WALL. THESE OFFICER'S WAS SITTING RIGHT ACROSS FROM  
MY CELL SMOKING. MY FAMILY ALONG WITH HIGHER AUTHORITIES  
HAVE BEEN NOTIFIED ABOUT THIS MATTER.

Thank you  
VERY MUCH  
Terence Montague

## B. Actions taken and staff you have contacted before submitting this grievance:

UNIT MANAGER - MR. ALLEN

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

EXHIBIT B6

Date

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

EXHIBIT  
B-20

GRIEVANCE NO.

ROC-0045-00

TO: GRIEVANCE COORDINATOR <b>ROBERT W. MEYERS</b>	INSTITUTION <b>S.C.I.-Rockview</b>	DATE <b>12-20-00</b>
FROM: (Commitment Name & Number) <b>TERRANCE MONTAGUE # BZ-2761</b>	INMATE'S SIGNATURE <b>Terrance Montague</b>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <b>A-142</b>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

MR. MEYERS ON 12-3-00 WHILE WE WAS LOCKED IN FOR NOON COUNT S.G.T CURTIS AND OFFICER WENTZ WAS SMOKING CIGARETTES WHILE SITTING WATCHING THE PITTSBURGH & THE RAIDERS GAME ON T.V. PLUS THERE'S NO SMOKING SIGNS ON THE WALL RIGHT NEXT TO CURTIS AND OFFICER WENTZ WAS SMOKING AT OFFICER WENTZ WAS SITTING RIGHT BEHIND S.G.T CURTIS SMOKING. THESE OFFICERS KNOW THEY ARE SUPPOSE TO BE SMOKING, SO WHEN I SAID SOMETHING TO S.G.T CURTIS ABOUT HIM AND OFFICER WENTZ SMOKING S.G.T CURTIS THUS SAID TO ME IF YOU PUT A GRIEVANCE IN AN ME I'LL MAKE SURE YOU STAY LOCKED UP SO NOW HE'S THREATENING ME BECAUSE HE KNOW HE AIN'T SUPPOSE TO BE SMOKING OUT ON THE BLOCK, WHAT MAKES THESE OFFICERS HAVE THE RIGHT TO SMOKING ON BLOCK OUT AND THE INMATES CAN'T SO THESE OFFICERS ARE JUST SAYING TO ME I CAN'T PUT A GRIEVANCE IN.

## B. Actions taken and staff you have contacted before submitting this grievance:

DEPUTY WAKEFIELD MR. ALIAR  
DEPUTY WHITMAN MR. RACKLIAN  
MAJOR YANCEY

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

EXHIBIT  
B-21

GRIEVANCE NO.

RC-0545-0

TO: GRIEVANCE COORDINATOR <b>MR. ROBERT W. MEYERS</b>	INSTITUTION <b>SCI-ROCKEFORD</b>	DATE <b>12-20-01</b>
FROM: (Commitment Name & Number) <b>TERRANCE MONTAGUE # B2-20</b>	INMATE'S SIGNATURE <b>Terrance Montague</b>	
WORK ASSIGNMENT	QUARTERS ASSIGNMENT <b>A-172</b>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

WITH MY HEALTH KNOWING I HAVE A RESPIRATORY DISEASE WHICH IS [ASTHMA] I ALREADY HAVE PROBLEM BREATHING AND BY THIS S.3.1 ALONG WITH OFFICER WENTZ SMOKING AND NO SMOKING SIGNS ON THE WALL SHOW THAT THEY DON'T CARE ABOUT THE NO SMOKING POLICY OR THE PEOPLE WHO DON'T SMOKE. THESE OFFICER WAS SITTING RIGHT ACROSS FROM MY CELL WHERE SMOKING WAS COMING TO MY CELL. S.3.1 CURTIS DID ADMIT SMOKING IN A NON-SMOKING AREA WHERE THERE IS NO SMOKING SIGNS SO WHY WASN'T THESE TWO OFFICERS PUNISHED FOR SMOKING IN A NON-SMOKING AREA IF IT WAS AN INMATE HE WOULD GET A WARNING AND GO TO THE HOLE. WHAT WAS THERE PUNISHMENT NOT TO DO IT AGAIN. I WOULD LIKE SOMETHING DONE ABOUT THIS MATTER. MY FAMILY / NONE WITH HIGHER AUTHORITIES HAVE BEEN NOTIFIED ABOUT THE MATTER.

## B. Actions taken and staff you have contacted before submitting this grievance:

DEPUTY WAKEFIELD MR. HILAR  
DEPUTY WHITMAN MR. RACKOVAN  
MAJOR YANCEY

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804  
Part 1

~~EXHIBIT~~  
B-22

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

ROC-2961-01  
GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <b>MR. RACKOVAN</b>	FACILITY: <b>SCI-Rockview</b>	DATE: <b>2-3-01</b>
FROM: (INMATE NAME & NUMBER) <b>TERRANCE MONTAGUE B3-2761</b>	SIGNATURE OF INMATE: <i>Terrance Montague</i>	
WORK ASSIGNMENT: <b>KITCHEN</b>	HOUSING ASSIGNMENT: <b>A-102</b>	
<b>INSTRUCTIONS:</b> 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.		
<b>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.</b> <b>ON-2-3-01 WHEN I WENT TO A-BLOCK DESK TO GET MY LAW- LIBRARY PASS, S.G.T BREZLER WAS SMOKING A CIGARETTE AND WHILE I WAS STANDING THERE S.G.T BREZLER DELIBERATELY BLEW SMOKE IN MY FACE THREE TIMES BEFORE HE GAVE ME MY LAW-LIBRARY PASS, I ALREADY HAVE PROBLEMS BREATHING BECAUSE OF MY HAVING ASTHMA, I ALREADY HAVE TO USE TWO INHALERS TO HELP ME BREATHE AS IT IS, THIS IS CRUEL &amp; UNUSUAL PUNISHMENT, THE ACTION BY S.G.T BREZLER IS A FORM OF HARASSMENT AND IS CAUSING ME MENTAL PAIN &amp; SUFFERING, MY FAMILY HAS BEEN NOTIFIED ABOUT THIS MATTER &amp; SO WILL HIGHER AUTHORITIES.</b>  <p style="text-align: right;">Thank you very much Terrance Montague</p>		
<b>B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.</b>  <b>LT. YANCY</b> <b>MR. ALAR-UNIT MANGER</b>		

Your grievance has been received and will be processed in accordance with DC-ADM 804. **LT. ALAR: 2/13**

*Terrance Montague*  
Signature of Facility Grievance Coordinator

Date

Date: 2/21

WHITE - Facility Grievance Coordinator Copy

CANARY - File Copy

PINK - Action Return Copy

GOLDENROD - Inmate Copy

Revised  
July 2000

EXHIBIT C1

3 copy's

## PHYSICIAN'S ORDERS

Inmate Name:

MONTAGUE, TERRANCE

Inmate Number:

B22761

DOB:

3/10/1971

Institution:

Drug Allergies:

Hydrocortisone CR - ASA

Self-Medication Program ☐ Yes ☐ No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS	3
7/5/00	5	① Mineral Oil (heavy) 30cc po qhs 13 days	
1930		② Schedule C Dr. Symons Re: 11m request	
		BY MR.	
			BRIDGET FINN PA-C
7/11/00		A/CX 480 - Non smoking black, bottom bunk	
0930			
			CHERYL KIMMEN PA-C
7/18/00	A	① Prednisone 20mg po QD X 7 days	
0755	9	② Moist heat QID	
		③ Cont. c current use of MDI	
		④ Will contact M. Miller RN about non smoking status	
			CHERYL KIMMEN PA-C

PLEASE USE BALL POINT PEN ONLY

EXHIBIT K2

3 CCHS

## PROGRESS NOTES

[ ] Outpatient

[ ] Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
7/13/01 12:30		AA	Block A called for pack lines his inmate did not consent to disciplinary (Blessed) medical @ 09 <sup>15</sup> AM - Still No Show - [Signature]
7/18/01 0730	A C	AA	S: Continues to 40 trouble breathing & sharp pain & deep inspiration. Also c/o cough. All of which is worse when he is on the block because his cell mate smokes heavily. Has been here & this 40 before - 08480 have been filed x2 & the rec. that this 1/m should be on a non smoking block. This 1/m claims that his unit manager has called over here and was told by medical that nowhere on his chart did it state he should be on non smoking block therefore he has not been moved from current cell D: N/A 480X3 lung: (TA B/L) & adventitious breath sounds: (+) pain to palp costochondral area heart: RRR 0m/g/r Ext: (+) cyanosis / clubbing cap refill Bust

Progress Notes  
Commonwealth of Pennsylvania  
Department of Corrections  
DC-472

Inmate Name:

Inmate Number:

DOB:

Institution:

EXHIBIT C3

Montague, Terrance  
BL2761  
3/10/71  
SCI Rockview  
CHERYL KIMMERA



EXHIBIT

D4

## Affidavit

I am a prisoner at Rockview prison my name is Willie Boyd and my number is Ej2528. I live on a non-smoking block called BU-block. I was sent to the RHU unit because I would not let a man move in my cell who smokes cigarettes. on 4-13-01 at 10:00 And again on August 8, 2001 a man trying to move in my cell who smokes cigarettes. It is a non smoking block but on this block people are smoking and the staff know it.

Willie Boyd Ej2528

9-4-01 at 10:30

I certify under penalty of perjury that the foregoing is true and correct  
28 U.S.C. Sec. 1746

## AFFIDAVIT

I TERRANCE MONTAGUE, BZ-2761 SWEAR THAT WHAT I'M WRITING IS THE TRUTH TO WHAT I'M SAYING, INMATES ALONE WITH GUARDS STILL SMOKE ON THE NON-SMOKING BLOCK. THE DEPARTMENT OF CORRECTIONS HAVE A NON-SMOKING POLICY THAT THEY REFUSE TO ENFORCE AND BY THE DEFENDANTS REFUSING TO ENFORCE THERE NON-SMOKING POLICY OR DISCIPLINE THE INMATES AND GUARDS THAT VIOLATE IT. BY PLAINTIFF BEING ON BA WHICH IS SUPPOSE TO BE A NON-SMOKING BLOCK WHERE INMATES AND GUARDS STILL SMOKE IS STILL EXPOSURE PLAINTIFF TO SECONDHAND INMATES STILL SMOKE IN THERE CELLS ON THE NON-SMOKING BLOCK

I certify under penalty of perjury that the foregoing is TRUE AND CORRECT.

28 U.S.C. § 1746

Terrance Montague

TERRANCE MONTAGUE

EXHIBIT

D2

ORIGINAL  
AND ONLY ONE  
I HAVE

EXHIBIT  
E-1

# AFFIDAVIT

I DERRICK CLAY, BW1477 SWEAR THAT WHAT I'M WRITING IS THE TRUTH TO WHAT I'M SAYING.

ON 5.3.2000, I WAS INFORMED BY A BLOCK STAFF THAT I WAS GETTING A CELL MATE.

I WAS ALREADY HOUSED ALONE IN CELL # 1038, SO THEN THAT'S WHEN INMATE TERRANCE MONTAGUE MOVED IN AN INFORMED ME OF HIS MEDICAL CONDITION WHICH IS ASTHMAS.

KNOWING HE HAD ASTHMAS AND PROBLEMS BREATHING ALREADY. I DON'T UNDERSTAND WHY THEY WOULD PUT A NON-SMOKER IN WITH A SMOKER, I DERRICK CLAY NOR DID INMATE TERRANCE MONTAGUE PUT IN PAPER-WORK TO LIVE TOGETHER THEY JUST PUT TERRANCE MONTAGUE INTO MY CELL

THERE WERE OTHER CELLS THEY COULD OF PUT INMATE MONTAGUE INTO

THE STAFF OF A BLOCK IGNORED INMATE MONTAGUE MANY REQUEST TO MOVE OUT OF A SMOKERS CELL.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT.

28 U.S.C. sec. 1746

Mr. Derrick Clay BW14

E-2

ORIGINAL  
AND ONLY ONE  
I HAVE

## Affidavit

I, Eugene Simms, affirm that the following information is true to the best of my ability.

On July 31, 2000 I requested that the Unit Manager of A Block, Mr. Jack Alar, move me out of the cell with Mr. Terrence Montague as a result of Mr. Montague's persistent complaints of his inability to breath due to me smoking. Initially, I was housed alone in Cell number 1037 alone however, I was told by block Lt. Decker that later on that day I'd be getting another cellmate. Mr. Montague moved in and informed me of his medical condition and asked me if I would not smoke due to his inability to breath as a result of the smoke. There were many other single cells available for Mr. Montague to move into however the staff of A-Block ignored his many request to

1800 DARLING AVENUE • INDIANAPOLIS, IN 46204  
 TEL: 465-3337 • 1-800-392-3337 • FAX: 465-3345  
 GREENSBURG 301

## MEDICATION ADMINISTRATION RECORD

MEDICATIONS	DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
RIAVIL 2-25 TABLET 11/07/95 AKE ONE TABLET ORALLY AT EDTIME NO R/C	11/07/95																														
EEYREL 150MG TABLET RAZODONE 150MG TABLET AKE ONE TABLET ORALLY AT EDTIME	11/10/95 12-7-95																														
4EO-DUR 200MG TABLET 9 4EOPHYLLINE 200MG SR AKE 1 TABLET ORALLY NICE DAILY	11/13/95 12-23																														
EGRETOL 200MG TABLET ARBAMAZEPINE 200MG TAB AKE 1 TABLET ORALLY THREE TIMES DAILY	11/03/95																														
AXAIR 0.2MG AEROS W/AD AKE 2 PUFFS FOUR TIMES AILY.	11/11/95 12-7-96																														
13 Lithobid 900 mg + BID x To Line	11-27-95																														
-13 Advil II TID x 14 days	11-27-95																														
-13 Podophylline to R. rectum 4mg finger x 6 weeks 12-11-95	12-11-95																														
Influenza Virus vaccine	12-11-95																														

STARTING FOR	11/01/95	THROUGH	11/30/95	PAGE	1
YSICIAN	AYOUB, OMAR	TELEPHONE NO.	-	MED. RECORD	
J. PHY.		ALT. TELEPHONE			
ERGIES	N/K/A	REHABILITATIVE POTENTIAL			
GNOSIS	Pain, asthma, L-3 strain, condy				00/00/00
DICAD NUMBER	MEDICARE NUMBER	COMPLETE ENTRIES CHECKED	BY:	TITLE:	
ATIENT	MONTAQUE-TER-BZ2761	00/00/00	PATIENT CODE	ROOM NO.	BED FACILITY
			GMDNBZ	J18	GB99

EXHIBIT #2

3 COPIES

## MEDICAL CLEARANCE FORM

## TYPE

- ☐ Initial Classification      ☐ Annual Physical      ☒ Revision due to change in Health Status  
☐ Parole Violator, CCC returns, returned escapees, ATA, HVA, with more than six months absence      ☐ Biennial Physical      ☐ Boot Camp Clearance

## FOOD SERVICE

- ☒ Is approved for food service.      ☐ Is not approved for food service.

## MEDICAL CLEARANCE (Please Check as appropriate:)

Is medically cleared without limitations for: ☐ Regular Housing    ☐ Employment    ☐ Activities    ☐ Boot Camp

Is medically cleared with the following limitations:

Housing: Bottom Bunk / Bottom Tier

Should be on non-smoking block

Employment: No climbing, house machinery

Use seizure precautions

Activities: No contact sports

Other: \_\_\_\_\_

Is not medically cleared for: ☒ Regular Housing    ☒ Employment    ☒ Activities    ☐ Boot Camp

Signature

Date/Time

WHITE - Medical Records

CANARY - Inmate Employment Office

PINK - Activities

Medical Clearance Form  
Commonwealth of Pennsylvania  
Department of Corrections  
DC - 480

Inmate Name: Montague, Terrance  
 Inmate Number: B22761  
 DOB: 3-10-68  
 Institution: SCI-MCKINNEY

EXHIBIT #3

3 copies

**MEDICAL CLEARANCE FORM****TYPE**

- ☐ Initial Classification      ☐ Annual Physical      ☒ Revision due to change in Health Status  
☐ Parole Violator. CCC returns,      ☐ Biennial Physical      ☐ Boot Camp Clearance  
     returned escapees, ATA, HVA,  
     with more than six months absence

**FOOD SERVICE**

- ☒ Is approved for food service.      ☐ Is not approved for food service.

**MEDICAL CLEARANCE** (Please Check as appropriate:)

Is medically cleared without limitations for: ☐ Regular Housing    ☐ Employment    ☐ Activities    ☐ Boot Camp

Is medically cleared with the following limitations:

Housing: Non smoking block  
Bottom bunk 2<sup>nd</sup> Sz

Employment: No climbing, No work around heavy machinery  
fire etc... Sz precautions

Activities: No contact sports

Other: \_\_\_\_\_

Is not medically cleared for: ☒ Regular Housing    ☒ Employment    ☒ Activities    ☐ Boot Camp

*2nd*  
*CH*  
*A*

*CHERYL KIMMEN PA-C*

Signature

*7/11/00 0925*

Date/Time

WHITE - Medical Records

CANARY - Inmate Employment Office

PINK - Activities

Medical Clearance Form  
 Commonwealth of Pennsylvania  
 Department of Corrections  
 DC - 480

Inmate Name:

*Montague Terrance*

Inmate Number:

*B2 2761*

DOB:

*3-10-68*

Institution:

*Barnew*

EXHIBIT E 4

3 COPIES

DIDN'T GET A COPY OF

## MEDICAL CLEARANCE FORM

TYPE

- ☐ Initial Classification      ☐ Annual Physical      ☒ Revision due to change in Health Status  
☐ Parole Violator, CCC returns, returned escapees, ATA, HVA, with more than six months absence      ☐ Biennial Physical      ☒ Boot Camp Clearance

FOOD SERVICE

- ☒ Is approved for food service.      ☐ Is not approved for food service.

MEDICAL CLEARANCE (Please Check as appropriate:)Is medically cleared without limitations for: ☐ Regular Housing ☐ Employment ☐ Activities ☐ Boot Camp

Is medically cleared with the following limitations:

Housing:

Non Smoking block.

Bottom bunk do to seizure disorder.

Employment:

No climbing, No work around heavy machinery  
fire, etc. Seizure precautions

Activities:

No Contact sports.

Other:

Is not medically cleared for: ☒ Regular Housing ☒ Employment ☒ Activities ☐ Boot CampCAROL A. LINDEN  
Signature

Date/Time

8-2-00  
640.

WHITE - Medical Records

CANARY - Inmate Employment Office

PINK - Activities

Medical Clearance Form  
 Commonwealth of Pennsylvania  
 Department of Corrections  
 DC - 480

Inmate Name: MONTAGUE, TERRANCE

Inmate Number: B22761

DOB:

Institution: 3/10/1971

EXHIBIT F5

3 COPY'S

## PHYSICIAN'S ORDERS

MONTAGUE, TERRANCE

B22761

3/13/1971

Drug Allergies:

Hydrocortisone Cream ASA

Self-Medication Program ☐ Yes ☐ No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
3/29/00 1100	A	<p>(1) Albuterol MDI 2 puffs QID prn X30d RFX5</p> <p>(2) Mineral oil (heavy) 30cc po q hs X30d RFX2</p> <p>3/29/00 1100</p> <p>JOHN SYMONS MD</p> <p>CHERYL KIMMEN PA-C</p>
5/1/00 1100	A	<p>(1) Add Beclometh Inhaler 2 puffs bid X30d</p> <p>(2) 1 po Fluids</p> <p>(3) DC480 revised</p> <p>BRIDGET FINN PA-C</p>
5-18-00 1025	H H8	<p>OK for kitchen</p> <p>BILLIE BURN PA-C</p>

PLEASE USE BALL POINT PEN ONLY

EXHIBIT F1

3 COPIES

## PHYSICIAN'S ORDERS

MONTAGUE, TERRANCE

BZ2761

3/10/1971

Drug Allergies:

ASH - Hydrocortisone cream

Self-Medication Program ☐ Yes ☐ No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
3/13/00	DIC ELAVIL	
3/13/00	ELAVIL 100mg po q 11 AM	
1120	25mg po q 4 PM	X 90 days
1120	25mg po q HS	
		KEVIN M. BURKE M.D.
3/14/00	Proventil inhaler 2 puffs q 10 PM	
15:07	DIC Maxair	
11:00		
3-14-00		ELIAS RIFKAH, MD
1600		
3/14/00	CE/bw pad - wear reverse d x 6 mos	
1524	at night	
	Wrist Brace @ Hand x 6 mos	
	Monitored on 30 cc po q 4 x 80 days	
	F/U General Medical Clinic	
	U/was neuropathy	
		JOHN SYMONS MD

PLEASE USE BALL POINT PEN ONLY

EXHIBIT E7

3 COPY'S

## PHYSICIAN'S ORDERS

NKA

Drug Allergies:

Self-Medication Program ☐ Yes ☐ NoDO NOT USE THIS SHEET  
UNLESS A RED NUMBER SHOWS

Date/ Military Time	Prob #	
7/15/99 0830	A	<p>① Maxair MDI 2 puffs po q 4-6<sup>h</sup> x 30 days</p> <p>② Please schedule to Dr. Symons (I'm requesting P.T.)</p> <p>③ stretching exercises demonstrated</p>
7/22/99	A	<p>① Maxair MDI 2 puffs qid PM x 30 days</p> <p>② Please schedule to Dr. Symons (I'm requesting P.T.)</p> <p>③ stretching exercises demonstrated</p>
7/28/99 0620	C	<p>① Please refer to education nurse for medication compliance to ensure med</p>

BILLIE BURK PA-C

PLEASE USE BALL POINT PEN ONLY

EXHIBIT #8

3 COPIES

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
4/18/00			Psychiatry
4/18/00		S/O	No major C/O Wants to continue medication In good spirits ⊖ Suicidal feelings
	D	A: Depression P: Continue Rx See psych entry	
			KEVIN W. BURKE M.D.
4/28/00			Issued Cockup splint + elbow sleeve m/w
5/1/00	1A	POL	S: C/O difficulty breathing not always relieved Ⓢ Maltreated States this is worse when on block 2° cigarette smoking, which he has always had problem with D: NDDP 22023 P: 85 SpO2-97% lungs CTA 2/10/00 Heart RRR & mlg R Ext - 0 E/C/C A: Asthma P: See Orders
			BRIDGET FINN PA

EXHIBIT 59

[ ] Outpatient

☐ Inpatient

~~BILLIE BURK PA-C~~

Inmate Name: Montague Tenance  
Inmate Number: BZ 2761  
DOB: 3-10-68  
Institution: Rockview

EXHIBIT F 10

3 (over)

## PROGRESS NOTES

[ ] Outpatient

[ ] Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
5/18/99	A	PAC	Kosched asthma / RZ clinic
5/20	C		
			CHERYL KIMMEN PA-C
5/23/99	B	MD	S- c/o clinic in HVA + pain @ hand - post hx of ONIP 5th meta carpal.
	2		O- NAD
			WAC @ hand - slow old scar ↓ non
			A) Clinic HVA - probably post P) Car clinic.
			S/P ONIP @ rde meta carpal - still painful - may require physical therapy Will schedule in 1 wk in p.a. line in end - will be out of BWAC then
			Rayosyn 500 BID in the mean time

JOHN  
SYMONS MD

Progress Notes  
Commonwealth of Pennsylvania  
Department of Corrections  
DC-472

Inmate Name:

Manteque, Terrance

Inmate Number:

BZ 2761

DOB:

3/10/68

Institution:

SC - Backview

EXHIBIT E II

3 copies

Date Ordered	Treatment or Medication	Diet
12/29/92	Admit to POC cell #9.	
	g 15' min watch	
	Medications:	
	Haldol 5 mgm B.I.D.	
	Cogentin 1 mgm B.I.D.	
	Selegiline 100 mgm Q.H.S.	
	May have blanket, mattress, clothing.	
	p.o. Dr. Russek / m. Strawn.	
12-30-92	24° ✓ Warner 0330.	Edward Russek, M.D.
12-30-92	Theodine 200mg BID 15 days x 1 refill	
10 <sup>50</sup> AM	Maxair inhaler ii puffs TID PRN wheezing	Edward Russek, M.D.
	x 15 days x 1 refill	
	Theophylline blood level 1-1-93	
		Wh. E. Chy. D.
12-31-92	0445- 24° ✓ Warner	
1-93	May d/c O.M.Y. today	
		Edward Russek, M.D.
		Edward Russek

DC-69

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS

PHYSICIANS' ORDERS

All Orders Must Be Signed By Physician

Inmate Identification

D.O.B. 3/10/68

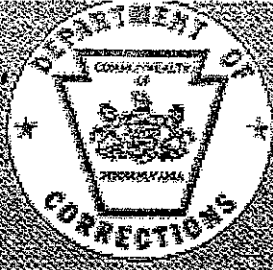

SSN 202-56-5202

Inst. No. B2 2761

Name MONTE A QUIE

EXHIBIT F12

9-17-1994

		
<b>POLICY STATEMENT</b> Commonwealth of Pennsylvania • Department of Corrections		
Policy Subject: <b>SCI-ROCKVIEW SMOKING POLICY</b>		Policy Number: <b>15.3.6 ROC 1</b>
Date of Issue: July 28, 1994 Reissue October 1, 1998	Authority:  R. W. Meyers	Effective Date: 8/22/94 New Effective Date: 10/1/98

### **I. AUTHORITY**

This policy is developed under the authority of the Secretary of Corrections delegated to the Superintendent for the issuance of this local policy.

### **II. PURPOSE**

To establish a SCI-Rockview smoking policy consistent with Department of Corrections Policy 15.3.6, "Smoking in Department of Corrections Building and Facilities" (5/20/94) and Management Directive 205.19, Smoking in Commonwealth Buildings/Facilities (7/01/97). This policy is designed to foster the health, safety and personal preference of all. It is not intended to totally prohibit smoking in SCI-Rockview buildings and structures, but does restrict it to specified areas and under certain criteria.

Smoking poses a significant risk to the health of the smoker and non-smoker. It can damage sensitive technical equipment and can be a safety hazard. In sufficient concentration, Environment Tobacco Smoke (ETS) can be hazardous to non-smokers in the work environment and may be harmful to individuals with heart and respiratory diseases or allergies related to tobacco smoke. Environment Tobacco Smoke (ETS) or exposure to secondhand smoke is expected to cause an additional 53,000 deaths annually in the United States, primarily due to lung cancer and heart disease.

Smoking accounts for over 400,000 deaths annually in the United States, and this policy is provided to assist employees, the public and inmates in finding a reasonable accommodation between those who do not smoke and those who do. It demonstrates the institution's desire to improve the health of all employees and inmates.

The purpose of this policy is to promote a safe and healthful environment for inmates, employees and the public associated with this institution. It is intended to reduce the health risks associated with exposure to Environment Tobacco Smoke while minimizing the inconvenience to individuals who smoke.

### **III. APPLICABILITY**

This policy applies to all employees, guests, contractors, vendors, public visitors and inmates who enter or work within SCI-Rockview buildings and other enclosed structures owned or leased by the institution. This includes but is not limited to this facility, administrative offices, state vehicles and adjoining property. It does not include state-owned residences that serve as the private/primary place of residence for state employees.

EXHIBIT B1

Smoking - Defined as a lighted cigar, cigarette, pipe or any other lit tobacco product. The act of emitting or exhaling smoke from a cigarette, cigar, pipe or other tobacco product.

Environment Tobacco Smoke (ETS) - Secondhand smoke, involuntarily inhaled, passive smoking of cigarette/cigar smoke.

Smoke Free - Prohibited from the use of smoking tobacco products, a no smoking area.

Housing Area - Inmate living quarters (i.e. cells, dormitories, rooms or other resident occupancy areas).

Smokeless Tobacco - Tobacco that is not lit but chewed or introduced into the mouth.

Non-smoker Preference - When a conflict exists between the preferences of smoker and nonsmoker, the non-smoker's preference shall prevail.

## V. POLICY

It is the policy of SCI-Rockview to respect the preferences of both the non-smoker and the smoker in all of the institution buildings. This shall be interpreted to also include Commonwealth vehicles. When these preferences conflict, the preferences of the non-smoker shall prevail. The right of an individual to protect his or her health shall take precedence over an individual's desire to smoke. Smoking shall be permitted/prohibited as specified herein.

The policy shall be consistent with the Commonwealth of Pennsylvania regulations covering smoke in buildings and facilities (Management Directive 205.19 dated 7/01/97 and Administrative Circular 97-14 dated 4/18/97). It is the policy of the SCI-Rockview to provide and maintain a smoke free workplace. It is also recognized that implementing a smoke free policy on the inmate population may have negative ramifications. Therefore, Facility Managers may create and maintain non-smoking inmate housing units and or celling arrangements.

## VI. PROCEDURE

A. The following areas and/or buildings will be considered as NON-SMOKING.

1. Armory
2. Activities Trailer - to include Weight Room
3. Chapel
4. Correctional Industries:
  - a. Apple Storage Building
  - b. Cannery - to include smokeless tobacco products
  - c. Office Area
  - d. Barns
  - e. Tractor Shop
  - f. Warehouse
5. DW Control Building
6. Commissary

- a. Auditorium
  - b. Boxing Room
  - c. Dining Halls - to include smokeless tobacco products
  - d. Food Preparation Area - to include smokeless tobacco products
  - e. Music Room
  - f. Staff Dining Hall - to include smokeless tobacco products
- 8. Commissioned Officer's Locker Room
  - 9. Education Building
  - 10. Forestry Offices
  - 11. Laundry - Inmates and staff may only smoke in the outer area of the officer's desk on the north side or the outside of the northside exit. Staff may only smoke during their designated break periods while assigned in the Laundry building area.
  - 12. Mailroom
  - 13. Maintenance Department:
    - a. All Shops
    - b. Boilerhouse
    - c. Greenhouse
    - d. Lawn Shop
    - e. Office
    - f. State Garage
    - g. Water Filtration Plant
  - 14. Property Trailer
  - 15. Rotunda - All Floors
  - 16. Storeroom
  - 17. Telephone Room - to include PBX Room
  - 18. Treatment Building - All Floors
    - a. Staff wishing to smoke outside of the Treatment Building must only use the compound exit for this purpose during their designated break periods.
    - b. Visiting Room - Guests and inmates may only smoke in the outside visiting yard area when the visiting yard is open.
- B. The following areas will be considered as areas authorized for smoking provided that the preference of a non-smoker would prevail.
- 1. Vending Room only of the non-commissioned officers' locker room.
  - 2. Commonwealth vehicles - provided there is no occupant(s) as a non-smoker as preference would prevail. Any employee who wishes to smoke must first announce his/her intention and seek consent from the other occupants prior to the initiation of smoking.

cigars and/or pipes may only leave their assigned areas and/or office for this purpose during their assigned breaks.

C. Inmate Housing Areas

1. A Building - Smoking is permitted in cell areas and in blockout areas from Cell #13 to the end of the level excluding the Counselors/Unit Manager's area during work hours and from Cell #25 to Cell #31 to include the far west end. There is no smoking in telephone areas.
2. B Building
  - a. B-A will be a non-smoking unit.
  - b. B-B - Smoking will be permitted in cells only. There is no smoking in the blockout area, levels or officer's desk area.
  - c. B-C - Smoking will be permitted in cells and the TV section from Level 1 cells 19/20 to cells 9/30. Smoking will not be permitted in the Group Room, telephone areas, upper level, stairs, clothing room, showers or officer's desk area.
3. C Building
  - a. C-A - Smoking is permitted in cell areas and will only be permitted on Level 1 of the blockout from the front entrance of the unit to the steps toward the office. There will be no smoking in telephone areas.
  - b. C-B - Smoking is permitted in cell areas and will only be permitted on Level 1 of the blockout from cells 9/50 to 20/35. There will be no smoking in telephone areas.
4. D Building - Smoking is permitted in cells and blockout areas except the front half of Level 1 (Cell 1-13). Inmates in the AC Unit of D Building may smoke as noted in Administrative Directive 802. There will be no smoking in telephone areas of the unit.
5. E Building - A Section will be non-smoking while B Section will be smoking. Smoking is not permitted in the Day Room.
6. F Building - B Section will be non-smoking while A Section will be smoking. Smoking is not permitted in the Day Room.
7. G Building (RHU) - Smoking is permitted in cells only and as established in Administrative Directive 801 and the Operating Procedures and Regulations of the RHU. The pantry area of G Building will be non-smoking as is the office area.
8. Forestry Unit and Area - All trailers housing inmates and offices at the Forestry Unit are designated as non-smoking. Inmates will be permitted to smoke in the TV Room

Obviously, the kitchen and dining room areas that are housed in trailers will be designated as non-smoking. Also, the garage and saw shop are non-smoking.

- D. Inmates who are non-smokers shall be housed in a cell with another non-smoking inmate if they request to do so. In the event the non-smoking inmate requests to be assigned with a specific inmate who is a smoker, his request may be honored provided there are no overriding security concerns. This request shall be documented in the DC-15, waiving his rights to cell/room with a non-smoker.
- E. Non-smoking inmates currently assigned to a cell with a smoking inmate may request to be reassigned to another cell/room. The Unit Manager or staff responsible for assignment will establish a waiting list for these moves. Actual cell reassignments shall be based on availability, appropriateness of cell/cellmates, an inmate's health condition which may be aggravated by ETS and the inmate's position on the list.
- F. The Facility Manager may make exception to the above depending on space availability and security requirements of his/her facility.
- G. Designated outdoor areas will have appropriate receptacles available.
- H. Education and Smoking Cessation - New employees and inmates will be oriented regarding the smoking policy. Literature on the hazards of smoking will be provided to all employees and inmates on an annual basis, and smoking cessation videos will be presented over the inmate channel on a quarterly basis. In addition, anti-smoking classes for employees will be held on training day.
- I. Staff, Public and Inmate Notification  
Throughout the buildings, there are numerous areas where smoking shall be prohibited and shall be posted with appropriate signs.
  - 1. Signs displaying the following statement shall be permanently posted at the entrance to buildings and SCI-Rockview: "SMOKING IS PROHIBITED EXCEPT IN DESIGNATED AREAS."
  - 2. Smoking and non-smoking signs shall be prominently displayed.
  - 3. A copy of this local directive, Management Directive 205.19 and Administrative Circular 97-14 shall be posted on employee bulletin boards.
- I. Where local ordinances on smoking are more restrictive than this policy, compliance with local ordinances shall prevail.
- J. Institutional Maintenance Department Responsibilities  
The Facility Maintenance Manager shall ensure that there is adequate exhaust/ventilation in areas where smoking is permitted. Fans shall be regularly maintained. Filters shall be changed at regular intervals to prevent build-up of ETS which would compromise the rights of non-smokers. Where feasible, filtration systems may be installed in authorized smoking areas.

EXHIBIT

In an emergency situation or extended disruption of normal institutional operation, any provision or section of this policy may be suspended by the Secretary or his/her designee for a specific period of time.

#### VIII. RIGHTS UNDER THIS POLICY

- A. This policy does not create rights in any person, nor should it be interpreted or applied in such a manner as to abridge the rights of an individual. This policy should be interpreted to have sufficient flexibility so as to be consistent with law and to permit the accomplishment of the purpose of the policies of the Department of Corrections.
- B. Nothing contained herein shall be construed to impair or diminish or otherwise affect any contractual agreement, collective bargaining agreement, collective bargaining rights or collective bargaining procedures.

#### IX. SUPERSEDED POLICY AND CROSS REFERENCE

This policy supersedes any previous policy on this subject.

Administrative Manual Cross References: Management Directive 205.19 (7/01/97) and  
Administrative Circular 97-14

ACA Cross References: 3 - 4363

TLW:deh

c: Superintendent, Deputies (2), Department Heads, Unit Managers, Captains/Shift Commanders, Employee Bulletin Boards, Mr. Sager

EXHIBIT  
66



## DEPARTMENT OF CORRECTIONS

2520 Lehigh Road, P.O. Box 598  
Camp Hill, PA 17001-0598

MARTIN F. HORN

Secretary, Department of Corrections  
Martin F. Horn, born June 26, 1948, in Brooklyn, N.Y., son of Zenith Horn and the late Sidney Horn. George W. Wingoale H.S., 1965, Franklin & Marshall Coll. (B.A.), govt., 1969, John Jay Coll., City Univ. of N.Y. (M.A.), crim. just., 1974, parole off./sr. parole off., N.Y. State Div. of Parole, 1969-75; pol. crim. just., State Univ. Coll., Utica, 1975-77; dir., Penn. Release Prog., 1977-78, conf. ass't. to comm., 1979-80, ass't. comm., 1980-84, N.Y. Dept. of Corr. Serv.; supt., Corr. Fac., Hudson, N.Y., 1984-85; dir. parole oper., 1985-91, exec. dir., 1991-95, N.Y. State Div. of Parole, men., Amer. Corr. Assn., Amer. Probation & Parole Assn.; supt., Sec.-by, Pennsylvania Department of Corrections, Mar. 1, 1995.

Created by Act 245 of 1984, the Department of Corrections is responsible for the management and supervision of the Commonwealth's adult correctional system. Included are all state correctional institutions and regional facilities, as well as community-oriented pre-release facilities, known as community corrections centers.

Pennsylvania's correctional system played a major role in the development of corrections throughout the world. Solitary confinement and religious penitence were primary components of the early "Pennsylvania System." The "penitentiary" was the embodiment of this philosophy. It was born in 1779 when reformers experimented with a limited penitentiary program at the Walnut Street Jail in Philadelphia. In 1829, the first true penitentiary in the world - Eastern State Penitentiary - was opened near what is now Fairmount Park in northwest Philadelphia. Until the latter part of the 19th century, the Pennsylvania System was the model for corrections throughout the nation and widely copied by countries overseas. "Old Essen," also known as Cherry Hill, was ultimately closed by the Commonwealth in 1970.

In the 1920s, Pennsylvania's major prison facilities were placed under the jurisdiction of the old Department of Welfare, along with mental health facilities and juvenile institutions. A legislative investigation into major prison riots at Pittsburgh and Pottsville in 1932 led to legislation which established a separate Bureau of Correction within the state Department of Justice to oversee reforms and operate the system. Governor John S. Fine signed the bill on August 31, 1933.

In 1980, the state Attorney General became an elected, rather than appointed, position, and the Bureau was transferred from the Justice Department to the newly-created Office of General Counsel within the Governor's Office. Four years later, on December 30, 1984, Corrections was elevated to departmental status through legislation proposed and signed by Governor Dick Thornburgh.

### ADMINISTRATION

The Department is headed by a secretary, an executive deputy secretary, three regional deputy secretaries, a deputy secretary for intergovernmental relations, and a deputy secretary for administration.

### OFFICE OF THE SECRETARY

The Secretary of Corrections is responsible for the overall management and operation of the entire adult corrections

system, including 24 institutions, 15 community corrections centers, and one motivational boot camp. The Secretary directly supervises the executive deputy secretary and the directors of the Press Office, the Office of Legislative Affairs, the Office of Professional Responsibility, and the Bureau of Management Information Services. The Department's chief counsel is supervised by the Secretary through the Governor's Office of the General Counsel.

**Chief Counsel** - Provides legal representation and advice to the Department.

**Press Office** - Responsible for the coordination and release of timely and accurate information about and from the Department to the news media and general public.

**Legislative Affairs** - Responsible for the coordination and release of timely and accurate information about and from the Department to the Legislature.

**Office of Professional Responsibility** - Conducts investigative operations regarding the internal affairs of the Department upon the order of the Secretary and upon referrals from the Office of Attorney General, Pennsylvania State Police, and Office of the Inspector General.

**Bureau of Management Information Services** - Directs all planning and research activities within the Department and provides the Department with detailed data analysis to assist decision-making and short and long-term planning efforts. This Bureau is also responsible for managing all of the Department's automated data management systems.

### EXECUTIVE DEPUTY SECRETARY

The Executive Deputy Secretary directs and manages all Department field operations through supervision of three regional deputy secretaries who provide a clear line of responsibility, authority, and direction to all institutions. Deputy Secretaries for Administration and Intergovernmental Relations and the director of the Bureau of Standards, Practices, and Security also report to the Executive Deputy Secretary.

**Bureau of Standards, Practices, and Security** - The Division of Standards and Practices is responsible for developing, implementing, and maintaining policies dealing with Department operations. It also oversees the accreditation process for all facilities and serves as a resource for all facilities. The Security Division is responsible for developing and implementing policy in areas relating to emergency pro-

cedures, plans, and operations; security threat groups; computerized intelligence; the Drug Identification Unit; special forces, including coordinated training efforts with the Department's Training Academy for the Hostage Rescue Teams, Corrections Emergency Response Teams, and Corrections Rifle Specialist Teams; manpower surveys for all facilities; operations audits; coordinating security plans for capital cases; and operations/security staff recommendations. This Division also serves as a resource for all statewide security offices.

### DEPUTY SECRETARY FOR THE EASTERN REGION

The Deputy Secretary for the Eastern Region oversees the operation of state prisons located in the Eastern Region of Pennsylvania.

#### State Correctional Institutions - Eastern Region

SCI Coal Township, Northumberland Co. - Opened 1993, adult males  
SCI Grasson, Cambria Co. - Opened 1987, adult males  
SCI Dallas, Luzerne Co. - Opened 1960, adult males  
SCI Frackville, Schuylkill Co. - Opened 1987, adult males  
SCI Graterford, Montgomery Co. - Opened 1929, adult males  
SCI Huntingdon, Huntingdon Co. - Opened 1889, adult males  
SCI Mahanoy, Schuylkill Co. - Opened 1993, adult males  
SCI Reiland, Luzerne Co. - Opened 1987, adult males  
SCI Smithfield, Huntingdon Co. - Opened 1988, adult males

### DEPUTY SECRETARY FOR THE WESTERN REGION

The Deputy Secretary for the Western Region oversees the operation of state prisons located in the Western Region of Pennsylvania.

#### State Correctional Institutions - Western Region

SCI Albion, Erie Co. - Opened 1993, adult males  
SCI Geneva, Greene Co. - Opened 1993, adult males  
SCI Greensburg, Westmoreland Co. - Opened 1969 as a state regional correctional facility, redesignated "SCI" in 1986, adult males  
SCI Houdaale, Clearfield Co. - Opened 1986, adult males and young adult offenders  
SCI Pottsville, Allegheny Co. - Opened 1882, adult males  
SCI Rockview, Centre Co. - Opened 1915, adult males  
SCI Somerset, Somerset Co. - Opened 1993, adult males  
SCI Waynesburg, Greene Co. - Opened 1984, adult males  
SCI Regional Correctional Facility (SRCF) Mercer, Mercer Co. - Opened 1974, adult males

### DEPUTY SECRETARY FOR SPECIALIZED FACILITIES AND PROGRAMS

The Deputy Secretary for Specialized Facilities and Programs oversees the operation of state prisons that have special offender populations and programs. In addition, the Deputy Secretary is also responsible for supervision of the Department's 15 community corrections centers, the Bureau of Education, and the Bureau of Inmate Services.

**State Correctional Institutions - Specialized Facilities and Programs**  
SCI Cambridge Springs, Crawford Co. - Opened 1991, adult females

SCI Camp Hill, Cumberland Co. - Opened 1941, adult males, serves as the state's sole diagnostic and classification center for males entering the state prison system  
SCI Chester, Delaware Co. - Opened 1998, adult males, serves as the state's only facility designed to treat inmates with drug and/or alcohol addictions  
SCI Muncy, Lycoming Co. - Opened 1920, adult females, serves as the state's sole diagnostic and classification center for females entering the state prison system  
Queleanna Motivational Boot Camp, Clearfield Co. - Opened 1992, adult males and females

**Bureau of Community Corrections** - Supervises the essential treatment services provided to offenders housed in the Department's 15 community corrections centers. Community corrections represents a part of the correctional system's efforts to provide effective supervision of the process of reintegrating the offender with society. It is one aspect of the "pre-release program" mandated under Act 173 of 1988.

**Bureau of Inmate Services** - Responsible for the direction, monitoring, and assistance in the delivery of inmate services in the Department of Corrections. These include activities and recreation, religion and family services, volunteers, casework and counseling programs and services, drug and alcohol treatment services, inmate classification, separation, transfers, and records, diagnostic and classification process, Inmate Corrections Compact administration, and pardons services.

**Bureau of Education** - Directs and administers educational programs in the Commonwealth's correctional institutions.

### DEPUTY SECRETARY FOR INTERGOVERNMENTAL RELATIONS

The Deputy Secretary for Intergovernmental Relations is responsible for establishing and maintaining relationships with Pennsylvania county and local government officials. This Deputy Secretary is also responsible for overseeing the Bureau of Correctional Industries, the Office of Victim Services, and the Office of Grants, Special Projects, Audits, and County Prison Inspection.

**Bureau of Correctional Industries** - Operates without support of the state General Fund. It is self-sustaining through the sale of inmate-made goods and services. Its production centers manufacture or process thousands of items, including clothing, wooden and modular office furniture, printed material, and food items.

**Office of Victim Services** - The Pennsylvania Crime Victims Bill of Rights, amended by Act 155 of 1992, provides crime victims with an opportunity to participate in the post-sentencing process. The Department of Corrections' Office of Victim Services was established in September 1993. This Office is responsible for notifying crime victims of an inmate's release, escape, and pre-release processing via the Victim Input and Notification Program. Victims are given the opportunity to provide comment regarding the proposed pre-release. Notification, information, and assistance is given to all registered crime victims whose offenders have been sentenced to a state correctional facility. The Office is also responsible for administering the impact of Crime Class program and overseeing the activities of the Victim Services Advisory Committee.

**Office of Grants, Special Projects, Audits, and County Inspection** - Responsible for the coordination and monitoring of all grants involving the Department of Corrections; monitors information as required by Austin v. Commonwealth of Pa.; and completes special projects and audits as assigned by the Secretary of Corrections or Deputy Secretaries. The Office is also responsible for performing annual inspections of all county prisons in Pennsylvania to ensure their compliance with Minimum Operating Standards as set forth for county prisons in Pennsylvania Code Title 37.

#### DEPUTY SECRETARY FOR ADMINISTRATION

The Deputy Secretary for Administration oversees the operation of state prisons whose populations consist mainly of females receiving medical or mental health treatment. The Deputy Secretary is also responsible for supervision of the Bureau of Health Care Services, Human Resources, Administration, and Operations, the Office of Equal Employment Opportunity, and the Office of Staff Development and Training.

**State Correctional Institutions - Administration**  
SCI Laurel Highlands, Somerset Co. - Opened 1996, adult males, serves as the state's only facility for geriatric and physically challenged inmates  
SCI Waymart, Wayne Co. - Opened 1989, adult males, also serves as the state's forensic treatment unit for male inmates

**Bureau of Health Care Services** - Responsible for supervising and monitoring the delivery of all medical and mental health care services. The Bureau is also responsible for overseeing the food service operations throughout the prison system.

**Bureau of Human Resources** - Responsible for activities relating to position classification, manpower analysis, payroll, employee benefits, leave management, placement, reassignment, and labor relations.

**Bureau of Administration** - Responsible for managing the fiscal management and support services activities of the Department of Corrections. The Bureau provides technical direction on office equipment and space utilization, and is responsible for mail and messenger services, duplication services, the Department's state vehicle fleet, and telecommunications.

**Bureau of Operations** - Directs, coordinates, and monitors the daily activities of the Department relative to maintenance, construction, safety, environmental protection, and institution audits.

**Office of Equal Employment Opportunity** - Develops and monitors the Department's Equal Employment action plans and programs as well as conduct compliance plans and programs.

**Office of Staff Development and Training** - Responsible for establishing and implementing overall policy and procedures for pre-service, in-service, and out-service training of all Department employees.

during pre-service, in-service, and out-service training of all Department employees.

#### STATE CORRECTIONS COMMISSIONERS Since 1853

Arthur T. Press, ..... Oct. 31, 1953  
Allyn Stead, ..... Aug. 8, 1970  
Stewart Werner, ..... July 24, 1973  
William B. Robinson, ..... Aug. 1, 1975  
Ronald J. Marks, ..... June 16, 1980  
Glen R. Jettis, ..... July 5, 1983  
David S. Owens Jr., ..... Apr. 20, 1987  
Joseph D. Lehman, ..... Apr. 18, 1990

#### STATE CORRECTIONS SECRETARIES

Raymond Clymer Jr. (acting), ..... Jan. 17, 1995  
\* Martin F. Horn, ..... Mar. 1, 1995

#### Executive Deputy Commissioner

Laurence J. Reid, ..... May 14, 1990

#### Executive Deputy Secretaries

Raymond Clymer Jr., ..... Mar. 1, 1995  
Thomas A. Fulcomer (acting), ..... Apr. 9, 1997  
\* Dr. Jeffrey A. Beard, ..... Dec. 14, 1997

#### Deputy Commissioners

Kenneth Taylor, ..... Oct. 16, 1993  
Allyn Stead, ..... May 8, 1999  
Stewart Werner, ..... Dec. 31, 1970  
Eskind DeBarans, ..... Oct. 1, 1973

#### Deputy Secretaries

Eskind DeBarans, ..... Apr. 4, 1986  
Lee T. Bernard II, ..... Apr. 4, 1986  
Lowell D. Hewitt, ..... Apr. 4, 1986  
Raymond Clymer Jr., ..... Aug. 20, 1990  
\* Thomas A. Fulcomer, ..... Aug. 20, 1990  
Margaret A. Moore, ..... Mar. 15, 1993  
\* Dr. Jeffrey A. Beard, ..... May 2, 1994  
\* William J. Love, ..... Sept. 18, 1995  
\* William M. Reznor, ..... Dec. 3, 1995  
\* Dennis R. Erhard, ..... Jan. 2, 1996  
\* Dr. John S. Shaller, ..... Dec. 14, 1997

*\* Incumbent*  
NOTE: With the elevation of the Bureau of Correction to a cabinet-level Department of Corrections in 1984, commissioners and deputy commissioners began using the title secretary and deputy secretary.

H2



EUGENE W. HICKOK JR.

Eugene W. Hickok Jr., born Sept. 6, 1950, in Denver, Colo., son of Gloria Cummings Hickok and the late Eugene W. Hickok, Collegeville H.S., 1968; Hampton-Sydney Coll. (B.A.), gov't, foreign aff., 1972; Univ. of Va. (M.A.), pub. adm., 1978; (Ph.D.) gov't, pub. aff., 1983; dir., Fla. Adm. 1973-74; assoc. dir., Dev. 1974-76; Hampton-Sydney Coll.; assoc. dir., instr., Dept. of Pol. Sci., Johns Ck. Students inst. of Govt., Miss. State Univ., 1979-80; ad. prof., Dickinson Coll., 1980-85; spec. ass't, Dir. of Legal Counsl, U.S. Dept. of Justice, Wash., D.C., 1986-87; ad. scholar, Ctr. for Judicial Studies, Wash., D.C., 1987-89; assoc. prof., Dept. of Pol. Sci., Dickinson Coll., 1990-95; dir., Clarice Area Sch. Dist., 1993-95; Penn. Pol. Adv. Panel, Envt. Comm.; mem., Amer. Pol. Sci. Assn., Natl. Constitution Ctr. Museum Pol. Adv. Panel; Envt. Comm.; Heriage Found.; chmn., Educ. Leaders Ctr.; Dickinson Coll. Grace Award for ad. scholar, Heritage Found.; chmn., Educ. Leaders Ctr.; Dickinson Coll. Grace Award for Inspiraional Teaching, 1985, 1990; Dickinson Sch. of Law Edward C. First Jr. Fac. Achive Award, 1995; apptd. Secretary, Department of Education, Mar. 20, 1995; reconfirmed Feb. 8, 1999; married Katherine Paulley Hickok, 2 children.

The state Constitution declares "The General Assembly shall provide for the maintenance and support of a thorough and efficient system of public education to serve the needs of the Commonwealth."

To carry out this mandate the General Assembly has established a public school system and authorized the Department of Education to administer school laws and assist school districts in providing educational programming to Pennsylvanians.

Following passage and signing of the Free School Law on April 1, 1834, the Secretary of the Commonwealth acted as head of the Common School System until 1837. In that year a separate Department of Schools was created with a Superintendent of Common Schools as its chief officer. In 1873, the title was changed to Superintendent of Public Instruction, and greater responsibilities were assigned to that official and to the Department. In 1909, the name of the Department of Public Instruction was changed to the Department of Education, with the title of Superintendent of Public Instruction changed to the Secretary of Education.

The mission of the Pennsylvania Department of Education is to assist the General Assembly, the Governor, the Secretary of Education, and Pennsylvania educators in providing for the maintenance and support of a thorough and efficient system of education.

In carrying out its mission, the Department of Education will:

- develop and administer educational policies to improve the quality of education in Pennsylvania;
- conduct programs to assess the achievement of basic and higher education goals established by the General Assembly, the Governor, and the State Board of Education;
- provide advice and recommendations about education to the General Assembly, the Governor, and the State Board of Education;
- provide leadership to basic and higher education, provide services and technical assistance to Pennsylvania educators;
- administer the education laws enacted by the General Assembly and approved by the Governor as well as the federal government;
- administer the regulations of the State Board of Education and the federal government, as well as standards established by the Secretary of Education;

DEPARTMENT OF EDUCATION  
333 Market Street, Harrisburg 2  
Harrisburg, PA 17126-0333

Secretary, Department of Education

- cooperate in the development of master plans for basic and higher education and administer those plans;
- manage a system of pre-service education and in-service professional development to ensure high quality personnel in pre-school, elementary, and secondary education;
- plan and administer policies for the state library, public libraries, school libraries, and academic libraries;
- plan and administer, in cooperation with the State Board for Vocational Education and other state agencies, vocational training and retraining programs;
- develop and administer state policies concerned with public and non-public elementary, secondary, and higher education;
- complete educational research and/or development projects and use findings to make informed decisions and policies;
- develop and administer joint educational programs with other state, federal, local, and private agencies;
- provide leadership in assuring equal education opportunity;
- collect and disseminate information about education in Pennsylvania.

The Department also cooperates with independent groups concerned with public education including the State Tax Equalization Board, State Public School Building Authority, Pennsylvania Higher Education Assistance Agency, Pennsylvania Public School Employees Retirement Board, and the Pennsylvania Public Television Network Commission.

#### ADMINISTRATION

**Executive Office** - The Secretary of Education, the only cabinet officer established by the Constitution of the Commonwealth, is the chief executive officer of the Department. The Secretary serves as a member or official of various boards, commissions, authorities, and councils.

Staff to the Secretary of Education assist in the development of new priorities and initiatives of the Department and the Governor, manage special projects, and represent the Secretary in matters involving interagency cooperation.

**State Board of Education** - Is the regulatory and policymaking board for basic and higher education in the Commonwealth. There are 22 members of the State Board. Seventeen members are appointed by the Governor and con-

MIDDLE DISTRICT OF PENNSYLVANIA

TERRANCE MONTAGUE

V. PLAINTIFF

ROBERT W. MEYERS, ET AL

DEFENDANTS

No. 1: CV-00-0895

(MAGISTRATE Judge SMYER

CERTIFICATE OF SERVICE

I, TERRANCE MONTAGUE, HEREBY CERTIFY THAT ON SEPTEMBER 4<sup>TH</sup> 2001 A TRUE AND CORRECT COPY OF THE FOREGOING DOCUMENT OF EXHIBITS IN SUPPORT OF PLAINTIFF OPPOSITION TO THE DEFENDANTS' MOTION FOR SUMMARY JUDGMENT WAS SERVED ON THE FOLLOWING BY PLACING IT IN THE INMATE OUTGOING MAILBOX

CLERKS OF COURT

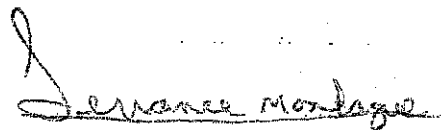
U. S. DISTRICT COURT

228 WALNUT STREET

P.O. BOX 983

HARRISBURG, PA 17108

DATE: SEPTEMBER 4<sup>TH</sup> 2001



TERRANCE MONTAGUE  
S. CI. ROCKVIEW  
BOX A BELLEFONTE, PA 16823-08